Form BCA-5.10 NFP-105.10

(Rev. Jan. 1999)

Jesse White Secretary of State Department of Business Services Springfield, IL 62756 Telephone (217) 782-3647 http://www.sos.state.il.us

STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR REGISTERED OFFICE

SUBMIT IN DUPLICATE

This space for use by Secretary of State

Date

Filing Fee

\$5

Approved:

Remit payment in check or money order, payable to "Secretary of State."

Type or print in black ink only. See reverse side for signature(s).

1.	CORPORATE NAME:	Startec Gl	obal I	Licensing Co	ompany	
2.	STATE OR COUNTRY OF	INCORPORATIO	DN:	Delaware		
3.	Name and address of the rof the Secretary of State (£		nd regist	ered office as they	appear on the records o	f the office
	Registered Agent -	Corporatio	n Serv	zice Company	,	
	Negistered Agent -	First Name		Middle Name	Last Name)
	Registered Office -		thwest eet	Highway, S Suite No. (A P.	uite 150 O. Box alone is not acceptal	ble)
		Park Ridge	, IL	60068		
		City	<u> </u>	ZIP Code	County	
4.	Name and address of the r	egistered agent ar	nd registe	ered office shall be	e (after all changes herein	reported):
	Registered Agent _	Illinois C	orpora	ition Servic	e Company	
	registered rigorit _	First Name		Middle Name	Last Name	1
	Registered Office _	700 South	Second	Street		
	registered Office _	Number	Street	Suite No. (A P.	O. Box alone is not acceptal	ole)
		Springfiel	d. II.	62704	Sangam	on
		City		ZIP Code	County	

5.	The address of the registered office and the adwill be identical.	dress of the bus	siness office of the registered agent, as changed,
6.	The above change was authorized by: ("X" of a. By resolution duly adopted by the box b. By action of the registered agent.	• •	(Note 5) (Note 6)
7.	TE: When the registered agent changes, the sometime (If authorized by the board of directors, sign.) The undersigned corporation has caused this maffirms, under penalties of perjury, that the	here. See Note statement to be	5) e signed by its duly authorized officers, each of
Date	(Month & Day) Sted by (Signature of Secretary or Assistant Or Or Assistant Or	by(Exact Name of Corporation) (Signature of President or Vice President) ubhash K. Pai, Vice President (Type of Piet Name and Title)
(If ci	(Type or Print Name and Title) hange of registered office by registered agent, The undersigned, under penalties of perjury,		
Date	(Month & Day) (Yea) (Signature of Registered Agent of Record)

NOTES

- 1. The registered office may, but need not be the same as the principal office of the corporation. However, the registered office and the office address of the registered agent must be the same.
- 2. The registered office must include a street or road address; a post office box number alone is not acceptable.
- 3. A corporation cannot act as its own registered agent.
- 4. If the registered office is changed from one county to another, then the corporation must file with the recorder of deeds of the new county a certified copy of the articles of incorporation and a certified copy of the statement of change of registered office. Such certified copies may be obtained ON LY from the Secretary of State.
- 5. Any change of *registered agent* must be by resolution adopted by the board of directors. This statement must then be signed by the president *(or vice-president)* and by the secretary *(or an assistant secretary)*.
- 6. The registered agent may report a change of the registered office of the corporation for which he or she is registered agent. When the agent reports such a change, this statement must be signed by the registered agent.

TLLINOIS SECRETARY GENDOR NO: 101262

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Pen kanstan kai

Startec* 1151 SEVEN LOCKS RD. POTOMAC, MD 20854 POTOMAC, MD 20854

SUNTRUST BANK 65-270-550

No.109337

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20-JUN-02	109337	********5.00
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PAY

Five Dollars And 00 Cents***********************

TO THE ORDER OF

ILLINOIS SECRETARY OF STATE DEPARTMENT OF BUSINESS SERVICES SPRINGFIELD, IL 62756 United States

Form BCA-12.45/ APPLICATION FOR REINSTATEMENT DOMESTIC OR FOREIGN CORPORATIONS 13.60 File# (Rev. Jan. 1999) Jesse White This space for use by Secretary of State SUBMIT IN DUPLICATE! Secretary of State Department of Business Services Springfield, IL 62756 This space for use by http://www.sos.state.il.us Secretary of State Payment must be made by certi-Date fied check, cashier's check, Illinois Filing Fee \$ 100.00 attorney's check, Illinois C.P.A.'s check or money order, payable to Approved: "Secretary of State." (a) Corporate name as of the date of issuance of the certificate of dissolution or revocation: 1. Startec Global Licensing Company (b) Corporate name as changed: _ (Note 1) (c) If a foreign corporation having a certificate of authority under an assumed corporate name restriction, the assumed corporate name: _____ _ (Note 2) State of incorporation: <u>Delaware</u> 2. Date that the certificate of dissolution or revocation was issued: December 1, 2001 3. Name and address of the Illinois registered agent and the Illinois registered office, upon reinstatement: (Note 4. 3) NOTICE! Completion of item #4 does not constitute a registered agent or office change. See note #3 on back of this form. Illinois Corporation Service Company Registered Agent Middle Name Last Name First Name 700 South Second Street Registered Office Suite # (A P.O. Box alone is not acceptable) Number Street Springfield, IL 62704 Sangamon County ZIP Code This application is accompanied by all delinquent report forms together with the filing fees, franchise taxes, 5. license fee and penalties required. The undersigned corporation has caused this statement to be signed by its duly authorized officers, each of whom 6. affirms, under penalties of perjury, that the facts stated herein are true. (All signatures must be in BLACK INK.) Startec Global Licensing Company 2002 Dated June 17 (Month & Day) (Exact Name of Corporation) (Year)

attested by (Signature of Secretary of Assistant Secretary) by (Signature of President or Vice President)

Prabhav V. Maniyar, Secretary

(Type or Print Name and Title)

Subhash K. Pai, Vice President (Type or Print Name and Title)

STARTEC

 $20 - \pi IN - 02$

ILLINOIS SECRETARY VENDOR NO: 101262

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1151 SEVEN LOCKS RD. POTOMAC, MD 20854

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ACCESSANCE Proposition	20-JUN-02	109338	******100.00

One Hundred Dollars And 00 Cents***********************

TO THE ORDER OF

18 ILLINOIS SECRETARY OF STATE DEPARTMENT OF BUSINESS SERVICES SPRINGFIELD, IL 62756 United States

YEAR OF ZOOI File Prior to: 7/1/2001

STATE OF ILLINOIS FOREIGN CORPORATION ANNUAL REPORT

CORPORATION FILE NO. 6004-075-3

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

1.) NOTE: A Change in the registered agent and/or registered office may only be effected by filing form BCA-5.10/5.20. If there have been any changes in items 6. or 7a; the enclosed BCA-14.30 must be completed and submitted in the same envelope.

CORPORATE NAME, REGISTERED AGENT, REGISTERED OFFICE, CITY, IL, ZIP CODE

Startec Global Licensing Company c/o Illinois Corporation Service Company 700 South Second Street Springfield, IL

COUNTY Sangamon

3a.) State or Country of incorporation: Delaware

3b.) Date Qualified To Do Business In IL:

July 13, 1998

The names and residential addresses of ALL officers & directors MUST be listed here!

	OFFICE	NAME	NUMBER & STREET	CITY	STATE	ZIP
•	President	Ram Mukunda 8906 Dur	ham Drive	Potomac	MD	20854
	Secretary	Prabhav V. Maniyar 3	03 Ainstree C	t. Vienna	VA	22180
	Treasurer	Ram Mukunda				
	Director	Ram Mukunda				
i	Director					
/P/Asst	Director	Subhash K Pai 8873	Royal Doulton	<u>Fairfax</u>	VA	22031

Becretaary If 51% or more of the stock is owned by a minority or female, please check appropriate box.

Minority Owned Female Owned

Number of shares authorized and issued (as of DECEMBER 31,2000 NUMBER ISSUED NUMBER AUTHORIZED PAR VALUE CLASS SERIES 100

\$0.01 common

IMPORTANT! Whenever the amount in item 6 or 7a differs from the Secretary of State's records, the enclosed BCA 14.30 must be completed.

7a.) The amount of paid-in capital as of **Dec 31, 2000** is: \$__2525

7b.) The Paid-in Capital on record with the Secretary of State is: \$ 2525

(Paid-in Capital reflects the sum of the stated Capital and Paid-in surplus accounts.)

(Any Authorized Officer's Signature)

RETURN TO:

Jesse White Secretary of State **Department of Business Services** Springfield, IL 62756 Telephone (217) 782-7808 www.sos.state.il.us

ITEM 8 MUST BE SIGNED!

Under the penalty of perjury and as an authorized officer, I declare that this annual report, pursuant to provisions of the Business Corporation Act, has been examined by me and is, to the best of my knowledge and belief, true, correct, and

(PLEASE COMPLETE THE REVERSE SIDE OF THIS REPORT)

PRESIDENT					
SECRETARY					
	•	ID ADDRESSES ARE MISSING OR H ONS OR CORRECTIONS BELOW.	IAVE		File No.
PRESIDENT					
	NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
SECRETARY					310 CODE
	NAME	STREET ADDRESS	CITY	STATE	ZIP COI

9.	The amounts stated in peending <u>Decembe</u>) belo	w are given for the twelve mo	onth period		
	The value of the property (g	ross assets)				1	642 666 00
	(a) owned by the corpor	ation, wherever loca	ted, wa	3S	(a)	\$	042,000.00
	(b) of the corporation loc	cated within the stat	of Illin	ois was	(b)	\$	
	The gross amount of busine	ss transacted by the	corpor	ration		7.	,366,934.32 455,258.24
					(c)	\$	455,258,24
					(d)	Ψ —	
	Give the location of the princ	cipal places of busin	ess of t	the corporation in each state whe	re authorized to transact business and the g	ross am	ount of business
•-	transacted in each state for	the above period. (I	neces	sary, attach a second sheet.)			
ALL	OCATION FACTOR	+ <u>b+d</u> a+c	=	• 0 5 0 5 3 0 (6 decimal places)	(Write this figure line 11b below.)	on	

- 10. (a.) ALL property of the corporation is located in Illinois and ALL business of the corporation is transacted at or from places of business in Illinois.
 - (b.) the corporation ELECTS to pay franchise tax on the basis of 100% of its total paid-in capital.

ALLOCATION FACTOR = 1.00000 (Write this figure on line 11b below.)

STOP! Item 9 or 10 must be completed before continuing To Item 11.

11. A	NNUAL FRANCHISE TAX AND FEES		
(a.)	Total Paid-in Capital (Enter amount from Item 7a from the other side of report. If late, enter the greater of 7a or 7b.)		
(b.)	ALLOCATION FACTOR (Enter from Item 9 or Item 10 above)		
(c.)	ILLINOIS CAPITAL (Multiply line (a.) by Line (b.)		
(d1.)	Multiply line (c.) by .001 (Round to nearest cent)	d2.	25.00
	ANNUAL FRANCHISE TAX (Enter amount from line (d1.), but not less than \$25)	92	
(e1.)	If Annual Report is late, multiply line (d2.) by .10		
• /	late or part thereof (minimum \$1.00)	e3.	5.50
, ,		f	+ 25.00
(f.)	ANNUAL REPORT FILING FEE (\$25)		
(g.)	TOTAL ANNUAL FRANCHISE TAX, FEES, INTEREST, & PENALTIES DUE (Add line (d2.) + line (e3.) + line (f.)	. g.	55.50
	MAKE CHECKS PAYABLE TO ILLINOIS SECRETARY OF STATE.		

IMPORTANT!

If there have been changes in Item 6 or 7, the enclosed form BCA 14.30 must be executed and submitted with this annual report in the same envelope.

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YEAR OF 2002

File Prior to: July 1, 2002

STATE OF ILLINOIS FOREIGN CORPORATION ANNUAL REPORT PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

CORPORATION

FILE NO.

6004-075-3

 NOTE: A Change in the registered agent and/or registered office may <u>only</u> be effected by filing form BCA-5.10/5.20. If there have been any changes in items 6. or 7s; the enclosed BCA-14.30 <u>must be completed and submitted in the same envelope.</u>

2.) CORPORATE NAME, REGISTERED AGENT, REGISTERED OFFICE, CITY, IL, ZIP CODE

Startec Global Licensing Company c/o Illinois Corporation Service Company 700 South Second Street Springfield, IL 62704

COUNTY

Sangamon

3a.) State or Country of incorporation: Delaware

3b.) Date Qualified To Do Business In IL: July 13, 1998

4.) The names and residential addresses of ALL officers & directors MUST be listed here!

	OFFICE	NAME NUMBER & STREET	CITY	STATE	ZIP
	President	Ram Mukunda 8906 Durham Drive	Potomac	MD	20854
	Secretary	Prabhav V. Maniyar 303 Ainstree	Ct. Vienna	VA	22180
	Treasurer	Ram Mukunda			
	Director	Ram Mukunda			
	Director	Lander Lander Lander			
/P/Asst	Director	Subhash K. Pai '8873 Royal Doulto	n Fairfax	VA	22031

5ecr. 5.) If 51% or more of the stock is owned by a minority or female, please check appropriate box.

6.) Number of shares authorized and issued (as of December 31, 2001)

SERIES	PAR VALUE	NUMBER AUTHORIZED	NUMBER ISSUED
	\$0.01	100	1

7b.) The Paid-in Capital on record with the Secretary of State is: \$ ______

(Paid-in Capital reflects the sum of the stated Capital and Paid-in surplus accounts.)

8.

(Any Authorized Officer's Signat

Asst. Sec. 1

VP 62
(Title) Oat

Under the penalty of perjury and as an authorized officer, I declare that this annual report, pursuant to provisions of the Business Corporation Act, has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete.

RETURN TO:

Jesse White
Secretary of State
Department of Business Services
Springfield, IL 62756
Telephone (217) 782-7808
www.sos.state.il.us

ITEM 8 MUST BE SIGNED!

(PLEASE COMPLETE THE REVERSE SIDE OF THIS REPORT)

PRESIDENT					
SECRETARY					
		ID ADDRESSES ARE MISSING OR H ONS OR CORRECTIONS BELOW.	IAVE		File No.
PRESIDENT					
	NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
SECRETARY					
	NAME	STREET ADDRESS	CITY	STATE	ZIP CODE

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9.)	ending Dec	s in parts (a) through cember 31, 2	(e) below are given for the t	weive month pe	nou			
	The value of the proper	tv (gross assets)						
	(a) owned by the co	rporation, wherever locate	ed, was	, . <i>.</i>	(a)	\$		364,83
	(b) of the comoratio	n located within the state	of Illinois was	, ,	(b)	\$		
		usiness transacted by the						
	(c) everywhere for the	ne above period was	· · · · · · · · · · · · · · · · · · ·		(c)	\$	6,6	35, <u>5</u> 72.6
	(d) at or from places	of husiness in Illinois for	r the above period was			ş	63	37,397.0
	Give the location of the	principal places of busin	ness of the corporation in each staperiod. (If necessary, attach a se	ate where authorize	d to transact busines	s and th	e gross	amount of
					(Write this figur	re on		
ALL	OCATION FACTOR	= b + d =	0.091051 (6 decimal places)		line 11b below.			
		a + c	(6 decimal places)					
			•	ow.)				
,	STOP!	Item 9 or TO Item	· 10 must be 0 11.		ed befor	e c	ont	inuing
	STOP!	TO Item			ed befor	e c	ont	inuing
l1.) <i>A</i>	ANNUAL FRANCHIS	TO Item		complet		e c		inuing
11.) <i>A</i>	ANNUAL FRANCHIS a.) Total Paid-in Cother side of re	TO Item SE TAX AND FEES Sapital (Enter amount eport. If late, enter the	11.	complet		, 525		inuing
11.) <i>A</i>	ANNUAL FRANCHIS a.) Total Paid-in Cother side of re b.) ALLOCATION	TO Item SE TAX AND FEES Sapital (Enter amount eport. If late, enter the FACTOR (Enter from	11. t from Item 7a from the e greater of 7a or 7b.)	complet	2 × 0.09	, 525		inuing
11.) <i>(</i> (ANNUAL FRANCHIS a.) Total Paid-in Cother side of re b.) ALLOCATION c.) ILLINOIS CAP	TO Item SE TAX AND FEES Sapital (Enter amount eport. If late, enter the FACTOR (Enter from	11. If from Item 7a from the e greater of 7a or 7b.)	a. b.	2 × 0.09	,525 1051		inuing
11.) <i>A</i> () ()	ANNUAL FRANCHIS a.) Total Paid-in Cother side of re b.) ALLOCATION c.) ILLINOIS CAP d1.) Multiply line (c	TO Item SE TAX AND FEES Capital (Enter amount eport. If late, enter the FACTOR (Enter from ITAL (Multiply line (a) by .001 (Round to	11. I from Item 7a from the e greater of 7a or 7b.)	a. b. c. d1.	2 × 0.09 22	,525 1051 9.90 0.23		inuing 25.0
() () () () ()	ANNUAL FRANCHIS (a.) Total Paid-in Cother side of re (b.) ALLOCATION (c.) ILLINOIS CAP (d1.) Multiply line (c) (d2.) ANNUAL FRANCHIS (e1.) If Annual Repo	TO Item 'SE TAX AND FEES Sapital (Enter amount aport. If late, enter the FACTOR (Enter from ITAL (Multiply line (a)) by .001 (Round to NCHISE TAX (Enter a late, multiply line chise Tax is late, m	from Item 7a from the e greater of 7a or 7b.)	a. b. c. d1. cot less than \$25	2 × 0.09 22	,525 1051 9.90 0.23		
() () () () ()	ANNUAL FRANCHIS (a.) Total Paid-in Cother side of re (b.) ALLOCATION (c.) ILLINOIS CAP (d1.) Multiply line (c) (d2.) ANNUAL FRANCHIS (e1.) If Annual Reported in the compart the	TO Item 's E TAX AND FEES capital (Enter amount eport. If late, enter the FACTOR (Enter from ITAL (Multiply line (a)) by .001 (Round to NCHISE TAX (Enter a chise Tax is late, multiply line chise Tax is late, multiply line (a)	from Item 7a from the e greater of 7a or 7b.)	a. b. c. d1. cot less than \$25	2 × 0.09 22	,525 1051 9.90 0.23	d2.	
() () () () ()	ANNUAL FRANCHIS (a.) Total Paid-in Cother side of re (b.) ALLOCATION (c.) ILLINOIS CAP (d1.) Multiply line (c) (d2.) ANNUAL FRANCHIS (e1.) If Annual Reported in the compart the	TO Item 's E TAX AND FEES capital (Enter amount eport. If late, enter the FACTOR (Enter from ITAL (Multiply line (a)) by .001 (Round to NCHISE TAX (Enter a chise Tax is late, multiply line chise Tax is late, multiply line (a)	from Item 7a from the e greater of 7a or 7b.)	a. b. c. d1. cot less than \$25	2 × 0.09 22	,525 1051 9.90 0.23	d2.	
() () () () () ()	a.) Total Paid-in Cother side of received. b.) ALLOCATION c.) ILLINOIS CAP d1.) Multiply line (cod2.) ANNUAL FRAI e1.) If Annual Reportate or part the e3.) INTEREST & F	TO Item (SE TAX AND FEES) capital (Enter amount eport. If late, enter the FACTOR (Enter from ITAL (Multiply line (a)) by .001 (Round to NCHISE TAX (Enter a cort is late, multiply line chise Tax i	from Item 7a from the e greater of 7a or 7b.)	a. b. c. d1. cot less than \$25 ch month e2.	2 × 0.09 22	,525 01051 9.90 0.23	d2.	

MAKE CHECKS PAYABLE TO ILLINOIS SECRETARY OF STATE. (PLACE CORPORATE FILE NUMBER ON CHECK.)

IMPORTANT!

If there have been changes in Item 6 or 7, the enclosed form BCA 14.30 must be executed and submitted with this annual report in the same envelope.

DOLLARS 🖟 2829 \$ 50,00 DATE 6-21-2002 210490 #00 28/29 # 440 2 10000 2 14 BB 9 500 B 1 13 B 5 # CHASE JPMorgan Chase Bank
Dyckman Street & Sherman Avenue
New York NY 10040 STARTEC GLOBAL COM S071 BROADWAY, 2ND FLR. NEW YORK, NY 10034 1 # 6004-075-3